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CONFIRMATION NO. 6974

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. 102-523 DIV/CON/CIP II |
|---------------|----------------------------------|-------|----------------|---|
| 10/634,567 | | 604 | 3763 | |

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/809,469 03/15/2001 PAT 6,629,963
 which is a CIP of 09/454,993 12/06/1999 ABN
 which is a CON of 09/040,067 03/17/1998 PAT 6,009,933
 which is a DIV of 08/670,255 06/20/1996 PAT 5,752,942

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

11/01/2003

| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Verified and Acknowledged | /CHRISTOPHER KOHARSKI/ Examiner's Signature | Initials | NJ | 4 | 59 | 6 |

ADDRESS

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 UNITED STATES

TITLE

Mult-beveled point needle and syringe having a multi-beveled point needle

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|-----------------------------|---|--|
| FILING FEE RECEIVED 1834 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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| | | <input type="checkbox"/> Other _____ |
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